

## UNITED STATES DISTRICT COURT

for the

District of \_\_\_\_\_

Division \_\_\_\_\_

Donna M. Chisolm-Mitchell  
David A. Chisolm-Mitchell

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Advantage Care Physcra n  
NYPD, Det. Raymond Abear

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No. \_\_\_\_\_

(to be filled in by the Clerk's Office)

Jury Trial: (check one) ☐ Yes ☐ No

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## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

## NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name  
Address

Donna M. Chisolm-Mitchell &  
David A. Chisolm-Mitchell 8509 Cherry Chase<sup>1st</sup>  
Jamaica NY 11432  
City State Zip Code

County  
Telephone Number  
E-Mail Address

Queens  
719-201-6509  
donnamitchell34@gmail.com

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

**Defendant No. 1**

Name  
Job or Title (if known)  
Address

Advantage Care Physician  
Doctor Najma Ahmed  
180-05 Hillside Ave  
Jamaica NY 11432  
City State Zip Code

County  
Telephone Number  
E-Mail Address (if known)

Queens  
718 526-6300

☐ Individual capacity ☒ Official capacity

**Defendant No. 2**

Name  
Job or Title (if known)  
Address

NYPD 112<sup>th</sup> Precinct  
Det. Raymond A. Bear  
68-40 Austin St  
Forest Hills NY 11375  
City State Zip Code

County  
Telephone Number  
E-Mail Address (if known)

Queens  
718 520-9311

☐ Individual capacity ☒ Official capacity

## Defendant No. 3

Name \_\_\_\_\_

Job or Title *(if known)* \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

County \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-Mail Address *(if known)* \_\_\_\_\_
☐ Individual capacity
 ☐ Official capacity

## Defendant No. 4

Name \_\_\_\_\_

Job or Title *(if known)* \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

County \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-Mail Address *(if known)* \_\_\_\_\_
☐ Individual capacity
 ☐ Official capacity
**II. Basis for Jurisdiction**

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against *(check all that apply)*:

☐ Federal officials (a *Bivens* claim)

☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

*Tampering with medical records*

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.
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### III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?

Police Station and Doctors office

- B. What date and approximate time did the events giving rise to your claim(s) occur?

on or about  
7/17/2017

- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

Please See attached

#### IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

*Ruined my future job*

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#### V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

*5 Million, My Career has been ruined.  
I need my name cleared.*

I, Donna M Chisolm-Mitchell, a wife of a Staff Sergeant Soldier made a formal complaint to the CID unit in Baumholder Germany. It was brought to my attention that my son, was molested by a member of my husbands family when he was between the age of 3-5 years old. CID in Baumholder, Germany suggested that me and my son meet two military personnel at the 112th percent in Forest hills, Queens on or about July 17, 2017. At the time my son was taking a class at Columbia University and seeking therapy. So when we went to the percent Detective Raymond Abear 112 along with to other member of the military interviewed me first. I was told during the interview that children who experienced this type of trauma are usually depressed and suicidal. I explained to the group that my son was in therapy and we were here just to file a formal complaint. The detective said during the interview if your son seems depressed during the interview we will call an ambulance. I specifically told them again we are here to make a formal complaint and that he is currently in therapy.

After being interviewed my son was called to sit with the detective and the other military officials. Twenty minutes later the Ambulance was head back to the room where my son was , I ran back there and asked them to release him, The detective called my a "nigger" and said this is how we treat "niggers" . He asked an Officer to hand cuff me and take this nigger to the Psych ward at Elmhurst hospital. They told me this is what we do to niggers. The officer hand cuff me in front of my son. The detective told my son if he dose not got to the psych ward they will drag him down the hall to the ambulance, because that is what we do to "niggers". The detective said he was also calling ACS to ruin you as a nigger, and flick his collar up on his jacket.

I live in a two million dollar house, have scholarships into medical schools, offered teaching fellowship, raised my children in private schools. Currently I am working on two masters one in psychology and the other in biochemistry. My son is currently 18 years old and has his associates degree. I raised my children with class.

I then made a formal complaint to the Civilian review board (CRB) again the detective. So that the detective to get exonerated from all charges from the CRB some one changed my medical records to reflect back in 2016 a was a psychological risk. I never had knowledge of this on my medical records. Doctor Najma Ahmed, said that she was told by the NYPD to help the officer get exonerated and that I was just a "nigger".

Now that my records are tarnished Teaching, and other professional positions are at risk. I was told by the board of education that a full explanation of the ACS call would be needed. My medical records being tamper with is another marking I must give explanation to .

**VI. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

7/13/20

Signature of Plaintiff

Printed Name of Plaintiff

*Donna M. Chisolm-Mitchell*  
 Donna M Chisolm-Mitchell

**B. For Attorneys**

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address